

02/04/05  
**Cost & Use**  
**2002**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Administrative Identification

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,697			LOW-HIGH BASEID Count
H_DOB	12	8	\$DTE8FMT				C Date of birth (YYYYMMDD)
				12,697			Date as YYYYMMDD
H_DOD	20	8	\$DTE8FMT				C Date of death (YYYYMMDD)
				12,041			Missing
				656			Date as YYYYMMDD
H_DODSRC	28	2	\$SRCFMT				C Source of date of death
				12,041			No date of death
				1			01 From Medicare bill
				0			03 Clerical entry
				0			05 Bill and clerical entry
				371			10 Proven Medicare Benefits record
				59			11 Proven Medicare Benefits record & bills
				189			20 Unproven Medicare Benefits record
				34			21 Unproven Mcare Benefits record & bills
				1			23 Unproven Mcare Benefits rec & clerical
				1			25 Unproven Mcare Benefits rec, bill & cler
H_SEX	30	1	\$SEXFMT				C Gender code
				5,593			1 Male
				7,104			2 Female
H_RACE	31	1	\$RACEFMT				C Race code
				30			0 Unknown
				10,708			1 White
				1,350			2 Black
				118			3 Other
				122			4 Asian
				324			5 Hispanic
				45			6 North American Native
H_AGE	32	3					N SP age based on CMS date of birth
D_STRAT	35	1	\$AGEFMT				C MCBS Sample age stratum
				969			1 0-44
				1,125			2 45-64
				2,155			3 65-69
				2,246			4 70-74
				2,074			5 75-79
				2,079			6 80-84
				2,049			7 85 +

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT01	36	1	\$ENTFMT				C Medicare entitlement code for Jan
				400			A Part A Medicare only
				114			B Part B Medicare only
				11,832			C Parts A and B Medicare
				351			N No Medicare entitlement
H_ENT02	37	1	\$ENTFMT				C Medicare entitlement code for Feb
				401			A Part A Medicare only
				113			B Part B Medicare only
				11,802			C Parts A and B Medicare
				381			N No Medicare entitlement
H_ENT03	38	1	\$ENTFMT				C Medicare entitlement code for Mar
				398			A Part A Medicare only
				113			B Part B Medicare only
				11,769			C Parts A and B Medicare
				417			N No Medicare entitlement
H_ENT04	39	1	\$ENTFMT				C Medicare entitlement code for Apr
				398			A Part A Medicare only
				112			B Part B Medicare only
				11,735			C Parts A and B Medicare
				452			N No Medicare entitlement
H_ENT05	40	1	\$ENTFMT				C Medicare entitlement code for May
				395			A Part A Medicare only
				112			B Part B Medicare only
				11,716			C Parts A and B Medicare
				474			N No Medicare entitlement
H_ENT06	41	1	\$ENTFMT				C Medicare entitlement code for Jun
				403			A Part A Medicare only
				113			B Part B Medicare only
				11,700			C Parts A and B Medicare
				481			N No Medicare entitlement
H_ENT07	42	1	\$ENTFMT				C Medicare entitlement code for Jul
				376			A Part A Medicare only
				112			B Part B Medicare only
				11,714			C Parts A and B Medicare
				495			N No Medicare entitlement
H_ENT08	43	1	\$ENTFMT				C Medicare entitlement code for Aug
				372			A Part A Medicare only
				113			B Part B Medicare only
				11,698			C Parts A and B Medicare
				514			N No Medicare entitlement
H_ENT09	44	1	\$ENTFMT				C Medicare entitlement code for Sep
				371			A Part A Medicare only
				113			B Part B Medicare only
				11,679			C Parts A and B Medicare
				534			N No Medicare entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT10	45	1	\$ENTFMT				C Medicare entitlement code for Oct
				364			A Part A Medicare only
				114			B Part B Medicare only
				11,662			C Parts A and B Medicare
				557			N No Medicare entitlement
H_ENT11	46	1	\$ENTFMT				C Medicare entitlement code for Nov
				365			A Part A Medicare only
				113			B Part B Medicare only
				11,644			C Parts A and B Medicare
				575			N No Medicare entitlement
H_ENT12	47	1	\$ENTFMT				C Medicare entitlement code for Dec
				368			A Part A Medicare only
				112			B Part B Medicare only
				11,614			C Parts A and B Medicare
				603			N No Medicare entitlement
H_DOE	48	8	\$DTE8FMT				C Medicare entitlement start date
				1			Missing
				12,696			Date as YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C Medicare entitlement end date
				12,667			Missing
				30			Date as YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C Medicare status code as of 12/31
				10,541			10 Aged, no ESRD
				51			11 Aged, ESRD
				2,041			20 Disabled, no ESRD
				36			21 Disabled, ESRD
				28			31 ESRD only

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	66	2	\$LAFFMT				C Status of SSA check (LAF) as of 12/31
				8			Unknown
				0			AD Cur pay-adj for dual entitlement
				0			AF Transfer to another PC or dio
				0			A9 Cur pay-miscellaneous adjustment
				11,653			C Current payment status
				0			DW Deferred-Workers' Compensation
				1			D2 DEF-retirement test
				0			D3 DEF-D2 for primary
				4			D6 DEF-recover overpayment
				2			D9 DEF-miscellaneous reason
				0			J Advanced filing-current pay
				0			L2 Advanced filing-worked inside U S
				0			L3 Advanced filing-insured worked in U S
				0			N Not in pay status
				0			PB Delayed-benefit due but not paid
				0			R Cur pay-Part B reinstated
				0			RN Cur pay-Part B reinstated
				1			S SUSP-deferred retirement
				0			SD SUSP-other
				0			SF SUSP-fails to meet residence requirment
				59			SH SUSP-government pension
				0			SP SUSP-public assistance
				0			SW SUSP-Workers' Compensation
				1			S0 SUSP-continuing disability investig
				0			S2 SUSP-fails retirement test
				0			S3 SUSP-primary account S2
				4			S6 SUSP-check returned for address
				20			S7 SUSP-vocational rehab refusal
				2			S8 SUSP-payee not determined
				10			S9 SUSP-miscellaneous reason
				0			TA TERM-prior to entitlement
				0			TJ TERM-prior to entlmt, not stop debit
				0			TR TERM-claim withdrawn
				0			T0 TERM-benefits paid by another agency
				618			T1 TERM-death of beneficiary
				0			T2 TERM-death of primary
				0			T3 TERM-divorce, marriage, remarriage
				0			T4 TERM-dependent child attained age 18
				0			T5 TERM-entitled on another account
				0			T6 TERM-child no longer student, disabled
				6			T8 TERM-recovery from disability
				0			T9 TERM-miscellaneous
				282			U Active uninsured status (no SSA check)
				0			XF Transfer to another PC or DIO
				0			XR Terminated -
				15			X1 TERM-death of insured
				0			X5 TERM-entitled to another benefit
				11			X7 TERM of uninsured
				0			X9 TERM miscellaneous
				0			ZZ Erroneous entitlement

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	68	2	\$STFMT				C SSA State code of residence as of 12/31
				378			01 Alabama
				0			02 Alaska
				164			03 Arizona
				90			04 Arkansas
				1,049			05 California
				223			06 Colorado
				144			07 Connecticut
				1			08 Delaware
				29			09 Washington, DC
				791			10 Florida
				516			11 Georgia
				1			12 Hawaii
				73			13 Idaho
				464			14 Illinois
				205			15 Indiana
				227			16 Iowa
				152			17 Kansas
				206			18 Kentucky
				114			19 Louisiana
				96			20 Maine
				152			21 Maryland
				195			22 Massachusetts
				478			23 Michigan
				193			24 Minnesota
				58			25 Mississippi
				232			26 Missouri
				1			27 Montana
				44			28 Nebraska
				181			29 Nevada
				2			30 New Hampshire
				499			31 New Jersey
				173			32 New Mexico
				794			33 New York
				278			34 North Carolina
				43			35 North Dakota
				560			36 Ohio
				179			37 Oklahoma
				3			38 Oregon
				639			39 Pennsylvania
				212			40 Puerto Rico
				1			41 Rhode Island
				324			42 South Carolina
				2			43 South Dakota
				187			44 Tennessee
				823			45 Texas
				4			46 Utah
				0			47 Vermont
				0			48 Virgin Islands
				380			49 Virginia
				529			50 Washington
				121			51 West Virginia
				398			52 Wisconsin
				83			53 Wyoming
				6			Unknown
H_RESCTY	70	3	\$CTYFMT				C SSA county code of residence as of 12/31
				6			Unknown
				12,691			County code

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT				C Postal zip code of residence as of 12/31
				6			Unknown
				12,691			ZIP Code
H_CENSUS	78	2	\$CENFMT				C Census Region of residence as of 12/31
				438			01 New England
				1,932			02 Middle Atlantic
				2,105			03 East North Central
				893			04 West North Central
				2,587			05 South Atlantic
				829			06 East South Central
				1,206			07 West South Central
				902			08 Mountain
				1,582			09 Pacific
				212			10 Puerto Rico
				11			Unknown
H_METRO	80	1	\$METFMT				C Metro status
				3,498			N Non-metro area
				11			U Unknown
				9,188			Y Metro area
H_HSBEG1	81	8	\$DTE8FMT				C Beginning date of latest hospice period
				12,210			Missing
				487			Date as YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT				C Ending date of latest hospice period
				12,210			Missing
				487			Date as YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT				C Beginning date of 2nd hospice period
				12,550			Missing
				147			Date as YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT				C Ending date of 2nd hospice period
				12,550			Missing
				147			Date as YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT				C Beginning date of 3rd hospice period
				12,621			Missing
				76			Date as YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT				C Ending date of 3rd hospice period
				12,621			Missing
				76			Date as YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT				C Beginning date of 4th hospice period
				12,641			Missing
				56			Date as YYYYMMDD

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT				C Ending date of 4th hospice period
				12,641			Missing
				56			Date as YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT				C Beginning date of ESRD period
				12,542			Missing
				155			Date as YYYYMMDD
H_ESREND	153	8	\$DTE8FMT				C Ending date of ESRD period
				12,632			Missing
				65			Date as YYYYMMDD
H_GHPSW	161	1	\$GHPSW				C Some group health participation in year
				10,940			0 No enrollment
				1,757			1 Some enrollment
H_PLTP01	162	2	\$PLNFMT				C GHP plan type for Jan
				11,043			No enrollment for month
				39			01 Health care prepayment plan
				68			02 Cost HMO
				1,547			06 Risk HMO
H_PLAN01	164	5	\$GHPFMT				C GHP contract number for Jan
				11,043			N Unknown, or no plan
				1,654			Plan Identifier
H_PLPY01	169	5					N Medicare capitation payment for Jan
H_PLTP02	174	2	\$PLNFMT				C GHP plan type for Feb
				11,050			No enrollment for month
				38			01 Health care prepayment plan
				68			02 Cost HMO
				1,541			06 Risk HMO
H_PLAN02	176	5	\$GHPFMT				C GHP contract number for Feb
				11,050			N Unknown, or no plan
				1,647			Plan Identifier
H_PLPY02	181	5					N Medicare capitation payment for Feb
H_PLTP03	186	2	\$PLNFMT				C GHP plan type for Mar
				11,052			No enrollment for month
				38			01 Health care prepayment plan
				69			02 Cost HMO
				1,538			06 Risk HMO
H_PLAN03	188	5	\$GHPFMT				C GHP contract number for Mar
				11,052			N Unknown, or no plan
				1,645			Plan Identifier
H_PLPY03	193	5					N Medicare capitation payment for Mar

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP04	198	2	\$PLNFMT				C GHP plan type for Apr
				11,058			No enrollment for month
				38			01 Health care prepayment plan
				69			02 Cost HMO
				1,532			06 Risk HMO
H_PLAN04	200	5	\$GHPFMT				C GHP contract number for Apr
				11,058			N Unknown, or no plan
				1,639			Plan Identifier
H_PLPY04	205	5					N Medicare capitation payment for Apr
H_PLTP05	210	2	\$PLNFMT				C GHP plan type for May
				11,066			No enrollment for month
				38			01 Health care prepayment plan
				69			02 Cost HMO
				1,524			06 Risk HMO
H_PLAN05	212	5	\$GHPFMT				C GHP contract number for May
				11,066			N Unknown, or no plan
				1,631			Plan Identifier
H_PLPY05	217	5					N Medicare capitation payment for May
H_PLTP06	222	2	\$PLNFMT				C GHP plan type for Jun
				11,075			No enrollment for month
				38			01 Health care prepayment plan
				69			02 Cost HMO
				1,515			06 Risk HMO
H_PLAN06	224	5	\$GHPFMT				C GHP contract number for Jun
				11,075			N Unknown, or no plan
				1,622			Plan Identifier
H_PLPY06	229	5					N Medicare capitation payment for Jun
H_PLTP07	234	2	\$PLNFMT				C GHP plan type for Jul
				11,085			No enrollment for month
				38			01 Health care prepayment plan
				70			02 Cost HMO
				1,504			06 Risk HMO
H_PLAN07	236	5	\$GHPFMT				C GHP contract number for Jul
				11,085			N Unknown, or no plan
				1,612			Plan Identifier
H_PLPY07	241	5					N Medicare capitation payment for Jul
H_PLTP08	246	2	\$PLNFMT				C GHP plan type for Aug
				11,093			No enrollment for month
				38			01 Health care prepayment plan
				70			02 Cost HMO
				1,496			06 Risk HMO



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H_PLAN08	248	5	\$GHPFMT				C GHP contract number for Aug
				11,093			N Unknown, or no plan
				1,604			Plan Identifier
H_PLPY08	253	5					N Medicare capitation payment for Aug
H_PLTP09	258	2	\$PLNFMT				C GHP plan type for Sep
				11,101			No enrollment for month
				39			01 Health care prepayment plan
				68			02 Cost HMO
				1,489			06 Risk HMO
H_PLAN09	260	5	\$GHPFMT				C GHP contract number for Sep
				11,101			N Unknown, or no plan
				1,596			Plan Identifier
H_PLPY09	265	5					N Medicare capitation payment for Sep
H_PLTP10	270	2	\$PLNFMT				C GHP plan type for Oct
				11,105			No enrollment for month
				39			01 Health care prepayment plan
				68			02 Cost HMO
				1,485			06 Risk HMO
H_PLAN10	272	5	\$GHPFMT				C GHP contract number for Oct
				11,105			N Unknown, or no plan
				1,592			Plan Identifier
H_PLPY10	277	5					N Medicare capitation payment for Oct
H_PLTP11	282	2	\$PLNFMT				C GHP plan type for Nov
				11,135			No enrollment for month
				38			01 Health care prepayment plan
				66			02 Cost HMO
				1,458			06 Risk HMO
H_PLAN11	284	5	\$GHPFMT				C GHP contract number for Nov
				11,135			N Unknown, or no plan
				1,562			Plan Identifier
H_PLPY11	289	5					N Medicare capitation payment for Nov
H_PLTP12	294	2	\$PLNFMT				C GHP plan type for Dec
				11,133			No enrollment for month
				38			01 Health care prepayment plan
				66			02 Cost HMO
				1,460			06 Risk HMO
H_PLAN12	296	5	\$GHPFMT				C GHP contract number for Dec
				11,133			N Unknown, or no plan
				1,564			Plan Identifier
H_PLPY12	301	5					N Medicare capitation payment for Dec

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCSW	306	1	\$SWFMT				C Some Medicaid eligibility for the year
				10,202			N No participation
				2,495			Y Some participation
H_MCDE01	307	1	\$MCDCFMT				C Medicaid eligibility for Jan
				0			A State Part A buy-in
				962			B State Part B buy-in
				36			C State Part A and B buy-in
				56			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,450			N No buy-in this month
				1,002			Q State Part B QMB buy-in
				189			S State Part B SLMB buy-in
H_MCDE02	308	1	\$MCDCFMT				C Medicaid eligibility for Feb
				0			A State Part A buy-in
				954			B State Part B buy-in
				37			C State Part A and B buy-in
				56			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,458			N No buy-in this month
				1,004			Q State Part B QMB buy-in
				186			S State Part B SLMB buy-in
H_MCDE03	309	1	\$MCDCFMT				C Medicaid eligibility for Mar
				0			A State Part A buy-in
				954			B State Part B buy-in
				35			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,456			N No buy-in this month
				1,010			Q State Part B QMB buy-in
				186			S State Part B SLMB buy-in
H_MCDE04	310	1	\$MCDCFMT				C Medicaid eligibility for Apr
				0			A State Part A buy-in
				953			B State Part B buy-in
				35			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,457			N No buy-in this month
				1,008			Q State Part B QMB buy-in
				188			S State Part B SLMB buy-in
H_MCDE05	311	1	\$MCDCFMT				C Medicaid eligibility for May
				0			A State Part A buy-in
				958			B State Part B buy-in
				35			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,451			N No buy-in this month
				1,008			Q State Part B QMB buy-in
				189			S State Part B SLMB buy-in

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H_MCDE06	312	1	\$MCDCFMT				C Medicaid eligibility for Jun
				0			A State Part A buy-in
				962			B State Part B buy-in
				35			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,444			N No buy-in this month
				1,009			Q State Part B QMB buy-in
				191			S State Part B SLMB buy-in
H_MCDE07	313	1	\$MCDCFMT				C Medicaid eligibility for Jul
				0			A State Part A buy-in
				972			B State Part B buy-in
				34			C State Part A and B buy-in
				56			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,435			N No buy-in this month
				1,008			Q State Part B QMB buy-in
				190			S State Part B SLMB buy-in
H_MCDE08	314	1	\$MCDCFMT				C Medicaid eligibility for Aug
				0			A State Part A buy-in
				977			B State Part B buy-in
				34			C State Part A and B buy-in
				55			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,422			N No buy-in this month
				1,012			Q State Part B QMB buy-in
				195			S State Part B SLMB buy-in
H_MCDE09	315	1	\$MCDCFMT				C Medicaid eligibility for Sep
				0			A State Part A buy-in
				974			B State Part B buy-in
				34			C State Part A and B buy-in
				54			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,411			N No buy-in this month
				1,024			Q State Part B QMB buy-in
				198			S State Part B SLMB buy-in
H_MCDE10	316	1	\$MCDCFMT				C Medicaid eligibility for Oct
				0			A State Part A buy-in
				977			B State Part B buy-in
				33			C State Part A and B buy-in
				53			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,422			N No buy-in this month
				1,012			Q State Part B QMB buy-in
				198			S State Part B SLMB buy-in

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE11	317	1	\$MCDCFMT				C Medicaid eligibility for Nov
				0			A State Part A buy-in
				982			B State Part B buy-in
				33			C State Part A and B buy-in
				53			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,413			N No buy-in this month
				1,015			Q State Part B QMB buy-in
				199			S State Part B SLMB buy-in
H_MCDE12	318	1	\$MCDCFMT				C Medicaid eligibility for Dec
				0			A State Part A buy-in
				947			B State Part B buy-in
				33			C State Part A and B buy-in
				51			D State Part A and B QMB buy-in
				2			E State Part A and B SLMB buy-in
				10,467			N No buy-in this month
				998			Q State Part B QMB buy-in
				199			S State Part B SLMB buy-in
H_MACY01	319	3	\$MACYFMT				C Buy-in agency for Jan
				10,450			N Unknown, or no buy-in
				2,247			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY02	322	3	\$MACYFMT				C Buy-in agency for Feb
				10,458			N Unknown, or no buy-in
				2,239			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY03	325	3	\$MACYFMT				C Buy-in agency for Mar
				10,456			N Unknown, or no buy-in
				2,241			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY04	328	3	\$MACYFMT				C Buy-in agency for Apr
				10,457			N Unknown, or no buy-in
				2,240			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY05	331	3	\$MACYFMT				C Buy-in agency for May
				10,451			N Unknown, or no buy-in
				2,246			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY06	334	3	\$MACYFMT				C Buy-in agency for Jun
				10,444			N Unknown, or no buy-in
				2,253			S00-S99 State Agency code
				0			000-999 State Agency code

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H_MACY07	337	3	\$MACYFMT				C Buy-in agency for Jul
				10,435			N Unknown, or no buy-in
				2,262			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY08	340	3	\$MACYFMT				C Buy-in agency for Aug
				10,422			N Unknown, or no buy-in
				2,275			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY09	343	3	\$MACYFMT				C Buy-in agency for Sep
				10,411			N Unknown, or no buy-in
				2,286			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY10	346	3	\$MACYFMT				C Buy-in agency for Oct
				10,422			N Unknown, or no buy-in
				2,275			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY11	349	3	\$MACYFMT				C Buy-in agency for Nov
				10,413			N Unknown, or no buy-in
				2,284			S00-S99 State Agency code
				0			000-999 State Agency code
H_MACY12	352	3	\$MACYFMT				C Buy-in agency for Dec
				10,467			N Unknown, or no buy-in
				2,230			S00-S99 State Agency code
				0			000-999 State Agency code
H_HOSSW	355	1	\$UTLFMT				C One or more hospice bills in CY
				12,458			0 No utilization this type
				239			1 Some utilization this type
H_INPSW	356	1	\$UTLFMT				C One or more inpatient discharges in CY
				10,121			0 No utilization this type
				2,576			1 Some utilization this type
H_SNFSW	357	1	\$UTLFMT				C One or more SNF admissions in CY
				12,098			0 No utilization this type
				599			1 Some utilization this type
H_HHASW	358	1	\$UTLFMT				C 1 = one or more HHA visits in CY
				11,824			0 No utilization this type
				873			1 Some utilization this type
H_OUTSW	359	1	\$UTLFMT				C One or more outpatient visits in CY
				4,985			0 No utilization this type
				7,712			1 Some utilization this type

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H_PBSW	360	1	\$UTLFMT				C One or more Part B claims in CY
				2,297			0 No utilization this type
				10,400			1 Some utilization this type
H_PTARMB	361	7					N Total Part A reimbursement in CY (\$)
H_PTBRMB	368	7					N Total Part B reimbursement in CY (\$)
H_PTAPRM	375	8					N Total Pt. A premium SP paid in CY (\$.CC)
H_PTBPRM	383	8					N Total Pt. B premium SP paid in CY (\$.CC)
H_LATDCH	391	8	\$DTE8FMT				C Discharge date of latest inpatient stay
				10,121			Missing
				2,576			Date as YYYYMMDD
H_LATDRG	399	3	\$DRGFMT				C DRG code for latest inpatient stay
				10,121			Unknown, or no discharge
				2,576			DRG
H_DISDES	402	2	\$STATUS				C Discharge dest for latest inpatient stay
				10,121			Missing
				1,517			01 Discharged to home/self care
				8			02 Discharged to other short-term hospital
				418			03 Discharged to skilled nursing facility
				61			04 Discharged to intermediate care facility
				45			05 Disch to another type of institution
				251			06 Discharged to home care of organized HMO
				6			07 Left against medical advice/stopped care
				0			08 Disch home under care of IV therapy prov
				195			20 Expired (did not recover Christian Sci)
				13			30 Still patient
				0			40 Expired at home (hospice claims only)
				0			41 Expired in hospital, SNF, ICF or hospice
				0			42 Expired in unknown place (hospice only)
				11			50 Hospice - home (eff. 10/96)
				12			51 Hospice - medical facility (eff. 10/96)
				10			61 Disch w/i facility to swing-bed SNF (99)
				6			71 Disch to other facility for O/P svcs(99)
				8			72 Disch to this facility for O/P svcs (99)
				15			Other destination
H_INPSTY	404	2					N No. of inpatient stays for CY
H_INPDAY	406	3					N No. of inpatient covered days for CY
H_INPCHG	409	7					N Inpatient charges for CY (\$)
H_INPCCH	416	7					N Inpatient covered charges for CY (\$)
H_INPRMB	423	7					N Inpatient reimbursement for CY (\$)
H_INPCDY	430	2					N Inpatient covered days used in CY
H_INPCAM	432	5					N Total inpatient coinsurance amt CY (\$)
H_SNFSTY	437	2					N Total SNF stays in CY

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Variable	Col	Len	Format	Frequency	Com	Quces#	Fac	Quces#	Variable Type & Label
H_SNFDAY	439	3							N Total SNF covered days in CY
H_SNFCHG	442	7							N Total SNF charges in CY (\$)
H_SNFCCH	449	7							N Total SNF covered charges in CY (\$)
H_SNFRMB	456	7							N Total SNF reimbursement in CY (\$)
H_SNFCDY	463	3							N Total SNF coinsurance days in CY
H_SNFCAM	466	7							N Total SNF coinsurance amount in CY (\$)
H_HHAVST	473	4							N Total HHA visits in CY
H_HHACCH	477	7							N Total HHA covered charges in CY (\$)
H_HHACHO	484	7							N Total HHA other covered charges CY (\$)
H_HHRMBA	491	7							N Total HHA reimbursement in CY (\$), Pt. A
									Notes: Prior to 1998 this was included in H_HHARMB. First available in 1998
H_HHRMBB	498	7							N Total HHA reimbursement in CY (\$), Pt. B
									Notes: Prior to 1998 this was included in H_HHARMB. First available in 1998
H_HSDAYS	505	3							N Total covered hospice days in CY
H_HSTCHG	508	7							N Total hospice charges CY (\$)
H_HSREIM	515	7							N Total hospice reimbursement in CY (\$)
H_OUTBIL	522	3							N Total outpatient bills in CY
H_OUTCHG	525	7							N Total outpatient covered charges CY (\$)
H_OUTRMB	532	7							N Total outpatient reimbursement CY (\$)
H_PMTCLM	539	4							N Total physician/supplier claims in CY
H_PMTLIN	543	4							N Total phys./supplier line items in CY
H_PMTSCH	547	7							N Total submitted phys/supplier charge (\$)
H_PMTACH	554	7							N Total allowed phys/supplier charges (\$)
H_PMTRMB	561	7							N Total phys/supplier reimbursement (\$)
H_PMTVST	568	3							N Total office visits in CY
H_PMTCHO	571	7							N Total office visit charges in CY (\$)
H_DMECLM	578	4							N Total DME supplier claims in CY
									Notes: Prior to 1998 this was included in H_PMTCLM. First available in 1998

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H_DMELIN	582	4					N Total DME supplier line items in CY
							Notes: Prior to 1998 this was included in H_PMTLIN. First available in 1998
H_DMESCH	586	7					N Total DME supplier submitted charges (\$)
							Notes: Prior to 1998 this was included in H_PMTSCH. First available in 1998
H_DMEACH	593	7					N Total DME supplier allowed charges (\$)
							Notes: Prior to 1998 this was included in H_PMTACH. First available in 1998
H_DMERMB	600	7					N Total DME supplier reimbursement (\$)
							Notes: Prior to 1998 this was included in H_PMTRMB. First available in 1998